

Name of the Court: United States Bankruptcy Court Southern District of New York

Debtors: Lehman Brothers Holdings Inc., et al., Debtors

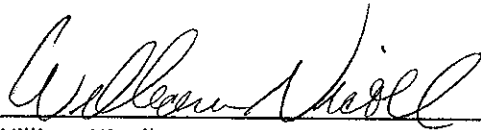
Chapter 11 Case No 08-13555 (JMP) Jointly Administered

Title of Objection to which response is directed: Claim number 15162 Fifty-Eighth Omnibus Objection to Claims

Name of Claimant: Jo Beth Nicoll and William Nicoll, 3650 Sentry View Trace; Suwanee, GA 30024

Description of the basis for the amount of the claim: Monies held by Lehman in the amount of \$1,180.84 on behalf of Jo Beth Nicoll and William Nicoll

Lehman Brothers held funds in an account for Jo Beth Nicoll and William Nicoll. The claimants moved twice from 2005 to 2008 and the address was not recorded at Lehman Brothers. When HomeBanc Corp went out of business there was not a current address on file, so the funds were moved to "Abandoned Property" at Lehman Brothers. Attempts have been made by the claimants to recover these funds with no success.



William Nicoll



Jo Beth Nicoll

012 734-57878-458 CC: 071 NICOLL JOBETH
CL F2 TAX 4 C/S 0 ACM M FD254

B-3 S-7 10:32 02/04/09
TMV 1,182
T/E 1,183
P/V 1,182

TD PSN **TYPE 1-1**
500 HOMEBANC CORP GA

PX/DLA FS EX SYM/MV
.003P H013578 N
03/08/07 MV:1
SB:500
1.000 G POIXX Y
10/01/08 MV:1,180

1,180.84 MONEY MARKET OBLIGATIONS TRUST
PRIME OBLIGATION FUND

I: A/C: 734 57878 SPAD ID: LAST PAGE
MRGR TYPE SSC#

PAGE 1

Jobeth -

Your money & stock remain
w/ Lehman Abandoned Property
account 734-57878.

Please call 866-841-7868

Rose

7/15/09

9.22
claim form to NY
Submitted by 9.22

claims.com Oct 22nd

ate: 2/4/2009 Time: 10:32:18 AM

Lehman - Docket.com

Bar Date Ent & Forms

SYSTEMS

Client Home

Key Documents

Docket

Lehman Brothers Inc. (SIPA Proceeding)

GENERAL INFORMATION

On September 19, 2008, the United States District Court for the Southern District of New York entered an Order granting the application of the Protection Corporation ("SIPC") for issuance of a Protective Decree adjudicating that the customers of Lehman Brothers Inc. (Employer Identification Number 2518466) (the "Debtor"), are in need of the protection afforded by the Securities Investor Protection Act of 1970, as amended ("SIPA"). James M. Peck ("Trustee") was appointed trustee for the liquidation of the business of the Debtor, and Hughes Hubbard & Reed LLP was appointed as counsel. The liquidation has been referred to and is now being administered under the auspices of United States Bankruptcy Judge James M. Peck.

Lehman Brothers Inc. is the only Lehman entity that is a debtor in this SIPA liquidation proceeding. The information on this website applies to Lehman Brothers Inc. and does not apply to any other Lehman entity, including any entity in a proceeding under chapter 11 of title 11 of the United States Code.

ALL INQUIRIES REGARDING THIS PROCEEDING SHOULD BE DIRECTED TO:

US: (866) 841-7868 - *Please call this number.*
Non-US: (503) 597-7690

CLAIM PROCESS

Claims of customers seeking the maximum protection afforded under SIPA must be received by the Trustee on or before January 30, 2009, or received by the Trustee on or before June 1, 2009. No claim of any kind will be allowed unless received by the Trustee on or before June 1, 2009.

- SIPC Customer Claim Form ()
- General Creditor Claim Form ()

Japanese Translation of Claims Package

- SIPC Customer Claim Form ()
- General Creditor Claim Form ()

SIPC Forms 300-A, B and C

PROOF OF CLAIM

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re: Lehman Brothers Holdings Inc., et al.
Debtors.
Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Name of Debtor Against Which Claim is Held
Lehman Bros Holdings
Case No. of Debtor
08-13555

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

THIS SPACE IS FOR COURT USE ONLY

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

To Beth Nicoll
William Nicoll
3650 Sentry View Trace
Suwanee GA 30024

Telephone number: 770.277.2325 Email Address: ToC web-Dept.com

Name and address where payment should be sent (if different from above)

Telephone number: _____ Email Address: _____

1. Amount of Claim as of Date Case Filed: \$ 1180.84

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.*

☐ Check this box if all or part of your claim is based on a Guarantee.*

*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.

2. Basis for Claim: Home Banc Money market Fund
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 7878

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: _____

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____
(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: Sept 16
2009
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Beth Nicoll William Nicoll

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

Amount entitled to priority:

\$ _____

FOR COURT USE ONLY

CLAIM FORM FILING CONFIRMATION

Your claim form was successfully filed on 9/16/2009 at 12:11 PM Pacific. Please print this page as proof of your filing.

JO BETH AND WILLIAM NICOLL
3650 SENTRY VIEW TRACE
SUWANEE, GA 30024 United States

Name of Debtor

Lehman Brothers Holdings Inc. (08-13555)

Please identify the counterparties, guarantor and/or credit support provider to the derivative contract.

JO BETH AND WILLIAM NICOLL

Have you entered into a termination agreement with the Debtors establishing the agreed upon amounts due in respect of derivative contracts?

Selected: No

Have the derivative contracts matured or been terminated?

Selected: No